



THE UNIVERSITY of TEXAS

MEDICAL SCHOOL AT HOUSTON

A part of The University of Texas Health Science Center at Houston

PEER TUTOR REQUEST FORM

Return completed form to Linda.Guardiola@uth.tmc.edu or print and deliver to J1L 315

First Name _____ Last Name _____

Class Year _____ MS1 _____ MS2 _____ Gender M F

Home Phone _____ Cell Phone _____

Email Address _____

COURSES (PLEASE LIMIT TO 3)

MS1

Biochemistry

Immunology

Developmental Anatomy

Microbiology

Gross Anatomy

Neuroscience

Histology

Physiology

Introduction to Clinical Medicine

General Studies

MS2

Genetics

Reproductive Biology

Behavioral Science

Ethics & Professionalism

Pathology

Pharmacology

Physical Diagnosis

Fundamentals of Clinical Medicine

Integrative Clinical Experience/PBL

General Studies

Request a specific tutor: _____